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Washington, DC	. 20036					(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT)R	ATTORNEY DOCKET NO.	CONFIRMATION NO	
10/551,460	09/30/2005		Masaki Matsudo		MIY 0207	4398	
TITLE OF INVENTION	: THERMOPLASTIC I	RESIN SHEET AND LAN	AINATE				
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/22/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
KILIMAN, LESZEK B		1794	428-506000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.			
PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNED SEKISUI CH	less an assignee is iden h in 37 CFR 3.11. Con GNEE EMICAL CO., LT	D.	data will appear on the Ta substitute for filing (B) RESIDENCE: (CI Osaka, JAPAN	e patent. If an assign an assignment. TY and STATE OR C	COUNTRY)	document has been filed for	
Please check the appropr	inte assignee entegory of	r categories (will not be p	rinted on the patent):	☐ Individual ☐ Co	orporation or other private gr	oup entity U Government	
4a. The following fee(s) are submitted: ∠ Issue Fee ∠ Publication Fee (No small entity discount permitted) ∠ Advance Order - # of Copies 3			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4422 (enclose an extra copy of this form). 				
5. Change in Entity Sta	tus (from status indicat s SMALL ENTITY sta		☐ b. Applicant is no	onger claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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